

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214511519		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Professionals Reaching Out to the Community(PROC) Foundation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN C IVINS JR HIRSCHLER FLEISCHER A PROFESSIONAL CORP 2100 EAST CARY STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: 04796512</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: P O BOX 6322 CITY/ST/ZIP: RICHMOND, VA 23230-0322 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: VALENCIA S. HICKS TITLE: DIRECTOR ADDRESS: 9570 KIMBERLY LYNN CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23230 </td> <td style="width: 45%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: VALENCIA S. HICKS TITLE: DIRECTOR ADDRESS: 9570 KIMBERLY LYNN CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23230	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CHARMAYNE B. VINCENT TITLE: DIRECTOR ADDRESS: 5212 VINTNER DRIVE CITY/ST/ZIP/CO: #205 RICHMOND, VA 23234	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: BRENDA J. FOSTER TITLE: DIRECTOR ADDRESS: 106 N. MOORELAND ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	DARA J. D. HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	251 ROCKETTS WAY		
CITY/ST/ZIP/CO:	#208 RICHMOND, VA 23231		
NAME:	CHERYL N. IVEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	608 WILMER AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23227		
NAME:	NICOLE LITTLEJOHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3819 SHERWOOD FOREST TERRACE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23237		
NAME:	LAVONNE MACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FINANCIAL SEC.		
ADDRESS:	5600 KOUFAX DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23234		
NAME:	TERRY MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14002 TRAILTOP TERRACE		
CITY/ST/ZIP/CO:	COLONIAL HEIGHTS, VA 23834		
NAME:	QUAN MYLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8712 CORCORAN PLACE		
CITY/ST/ZIP/CO:	CHESTER, VA 23832		
NAME:	ERNESTINE SCOTT, ED.D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12214 SYLVAN RIDGE PLACE		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23838		
NAME:	DARLENE SIMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5111 MONZA COURT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23234		
NAME:	LINDA WADE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	12397 GLEN CARRIE ROAD		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		
NAME:	CAROLYN WALKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1475 BROWNLEAF DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		
NAME:	Faith D. Mason-Bettis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12414 Ivy Ridge Court		
CITY/ST/ZIP/CO:	Chester, VA 23831		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tanya F. Allsbrooks DIRECTOR 4213 Brooking Meadow Drive Richmond, VA 23223	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jena McGrady DIRECTOR 1026 Ruffin Mill Place Colonial Heights, VA 23834	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cecelia Huff DIRECTOR 11401 Holly Arbor Drive Chester, VA 23831	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Vera Toney DIRECTOR 2919 Littlebury Drive Chester, VA 23831	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ruth W. Epps DIRECTOR 413 Morehouse Terrace Chesterfield, VA 23832	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Debbie L. Cadet DIRECTOR 14507 Glenmorgan Drive Chester, VA 23832	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Karen Spence DIRECTOR 4018 Walters Drive Chester, VA 23831	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ HOPE M. VAUGHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOPE M. VAUGHAN, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	2/28/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		